





## EXPERT WITNESS APPLICATION

The Board of Barbering and Cosmetology is seeking qualified licensees with the professional and educational background to develop opinions, prepare written reports and/or testify as an Expert Witness on their behalf. An Expert Witness is any person possessing technical or professional knowledge from advanced education and/or extensive work experience enabling the formation of definite opinions in an area of expertise. California Civil Code Section 43.8 provides immunity for those practitioners who render an opinion against a licensee of the Board.

An Expert Witness must hold a current and active license in their profession and be in good standing with no prior disciplinary actions or convictions.

If you wish to be considered by the Board as an Expert Witness, please complete the information listed below. The information you provide will be maintained for reference for any current or future cases for which you may be qualified. **Please complete each section and attach your curriculum vitae (resume).**

Please Print or Type Clearly.

<b>Name:</b>		<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Date of Birth</b>	
<b>Home Address:</b>		<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Telephone Number</b>
<b>Business Address:</b>		<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Work Number</b>
<b>Board Issued License(s) Held:</b> (Check all that Apply) <input type="checkbox"/> Cosmetologist <input type="checkbox"/> Barber <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician <input type="checkbox"/> Electrologist  <b>Board Issued License No(s):</b> _____ _____		<b>Area of Expertise</b> <input type="checkbox"/> Hair Coloring <input type="checkbox"/> Hair Relaxing <input type="checkbox"/> Chemical Hair Processing <input type="checkbox"/> Waxing <input type="checkbox"/> Hair Removal by Electrologist <input type="checkbox"/> Facial/Skin peels <input type="checkbox"/> Manicures <input type="checkbox"/> Pedicures <input type="checkbox"/> Other (specify): _____			<b>Highest Educational Degree(s):</b>	

## PREVIOUS CONSULTANT OR EXPERT WITNESS EXPERIENCE

Company	Date
Company	Date
Company	Date

### OTHER PROFESSIONAL ACTIVITIES/CREDENTIALS

_____	_____
_____	_____
_____	_____

### REFERENCES

Name	Address	Telephone	Occupation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please add any comments or additional information you feel may assist the Board in determining your eligibility as an Expert Witness (speaking skills, writing abilities, etc.).

_____
_____
_____

IF YOU NEED ANY ADDITIONAL SPACE TO COMPLETE THE APPLICATION, PLEASE ATTACH A SEPARATE SHEET OR COMPLETE THE INFORMATION ON THE REVERSE SIDE.

I CERTIFY UNDER THE PENALTY OF PEJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS, ANSWERS AND REPRESENTATION IN THIS APPLICATION INCLUDING ALL ATTACHMENTS ARE TRUE AND ACCURATE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE